



## **Bristol Lead Practitioner Protocol**

### **Keeping Bristol Safe Partnership**

**September 2019**

#### **1 Introduction**

In Bristol we are committed to ensuring children receive the right help at the right time. We recognise the importance of intervening proportionately in children and families lives so that we are able to help children and families achieve sustainable positive change for themselves.

For children and families whose needs have some complexity or would benefit from support from a number of agencies, professionals must work closely together. It is important that this work is coordinated so that it has the greatest impact for children and their families, reduces duplication, and ensures that a holistic assessment and plan can be worked to which understands and responds to the child and family in the round.

Defining the role of the Lead Practitioner formalises the responsibilities across multi-agency working. It makes clear to the family and other practitioners who is the one professional who has accepted lead responsibility to coordinate a solution focussed and time limited action plan that will be delivered together, with partners.

The aim of this protocol is to bring consistency to the Lead Practitioner role and ensure that Bristol agencies and safeguarding partners fulfil their responsibilities under Working Together 2018. If delivered effectively, well-coordinated non-statutory interventions ensure that children and families' needs are responded to in a timely way, improving outcomes and reducing children's exposure to harm. The protocol sets out the support available to practitioners undertaking the Lead Practitioner role; clarifies the expectations of the role for practitioners from all disciplines; provides a basis for engagement with other professionals

thereby avoiding individuals working in isolation; and encourages “professional generosity” amongst colleagues.

Ultimately, by developing a framework and a common language for the Lead Practitioner role, we aim to secure a shared understanding of processes and roles to promote multi-agency working for better outcomes for children, young people and families.

## 2 Policy Context

**Working Together to Safeguard Children 2018** is the government’s statutory guidance for all organisations and agencies who work with, or carry out work related to, children and young people. The guidance aims to set the standards for inter-agency working and for promoting the welfare of children from all backgrounds, in all settings. All practitioners working with children and young people have a responsibility to be aware of and follow the guidance outlined therein.

*Working Together* states that:

***“Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.”***

In respect of multi-agency coordination of early help interventions *Working Together* sets out that:

*“A lead practitioner should undertake the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.”*

The Lead Practitioner role should be informed by the South West Child Protection Procedures and Keeping Bristol Safe Partnership Multi-Agency Guidance and protocols to ensure that abuse is identified early and steps taken to ensure that children are protected from harm.

The **Keeping Bristol Safe Threshold Guidance** sets out the types of needs a child or family may have which would benefit from a multi-agency coordination approach. These are described in the Threshold Guidance under ‘Level 1 Plus and Level 2 Escalating’.

The **Bristol Early Help Strategy 2019-21** identifies actions intended to develop a whole systems approach to improving local partnerships, including to:

*“support universal providers such as schools to hold need and risk through Team Around the Family, Lead Professional roles, working in line with the Threshold Guidance.”*

### 3 When is a Lead Practitioner Required?

The KBSP Multi Agency Threshold Guidance provides detail on an agreed “Continuum of Need”. The Lead Practitioner role is beneficial when children and families have multiple needs which cannot be met by a single agency.

**The Lead Practitioner role will be relevant in many cases which are described in Level 1 Plus and all cases at Level 2 Escalating within the Continuum of Need.**

**Any agency or service working with a child, young person or family can make a decision, along with a family, that a Lead Practitioner is required** in order to ensure that services are co-ordinated. This decision must be informed by the Threshold Guidance. In order to prevent escalation of concerns, those services and agencies providing early help should seek to appoint a Lead Practitioner at the earliest opportunity.

On some occasions, it may be appropriate for agencies providing specialist or targeted support to request that a service or agency takes on a Lead Practitioner role. This could also occur in a Locality Meeting, at a Multi Agency Safeguarding Hub meeting, through the development of an Education and Healthcare Plan or at the request of children’s social care as part of a step-down plan, but **the appointment of a Lead Practitioner is always mutually agreed.**

Where Social Worker involvement with a child/young person is ending, a TAF meeting may be called and **a Lead Practitioner may be identified to support sustainability for a planned period of time.** Not all cases where social worker involvement is ending will require a TAF or a Lead Practitioner. The same model can be used for 16 and 17 year olds who are no longer living at home who do not have an allocated Social Worker.

*Note that:*

- In general Lead Practitioners should be responsible for coordinating support around a family unit, however in some exceptional circumstances there may be more than one Lead Practitioner working with a family. For example identified leads may be required for both a young child and a teenager within a family when they have very different unrelated needs and different professional networks. In these instances there should be close communication between the two leads, and the Signs of Safety Mapping from TAF meetings should be shared.
- Bristol City Council’s Families in Focus Teams are multidisciplinary teams based in the three localities (North, South and East/Central) that provide a more targeted approach at Level 2 Escalating on the Continuum of Need. This service can be accessed via a referral to First Response but will not necessarily mean a change in the Lead Practitioner role as another agency may remain the coordinating agency. Families in Focus Teams can also provide advice and support to Lead Practitioners in line with the expectation of Working Together to Safeguard Children 2018.

#### 4 The Role and Responsibilities of the Lead Practitioner in Bristol

The Lead Practitioner acts as a **single point of contact when a range of different agencies are involved**, and helps to make sure that effective integrated working, information sharing and sound holistic assessment takes place. The Lead Practitioner is not a job title or a new role, but a set of functions to be carried out as part of the delivery of integrated support.

The principal objective of these functions is to:

- Act as a **single point of contact** for the child or family, whom they can trust and who can engage them in making choices and help them work their way through agency structures/ systems and effect change.
- **Co-ordinate** the delivery of the actions agreed by the practitioners involved, and the family, to ensure that children and families receive an effective service that is regularly reviewed. These actions will be based on the outcome of an assessment, and recorded in a plan.
- **Reduce overlap and inconsistency** in the services received.

When acting as a Lead Practitioner for a child or young person, the worker will:

1. Work to the **principles** set out in the [KBSP Multi Agency Threshold Guidance](#).
2. Bring the professionals and family together in a **Team Around the Family (TAF)** meeting. The Lead Practitioner should arrange and coordinate this meeting.
3. The Lead Practitioner will complete a **Signs of Safety mapping** (a type of assessment) with the family and professional network as part of the TAF meeting, ensuring that the support already in place from family/friends is explored. For information to be shared with professionals the Lead Professional should always ensure parents have consented before information is shared within a TAF.
4. Jointly develop **Next steps** (an Action Plan) which are SMART linked to the Signs of Safety mapping to address the concerns or needs identified. They must ensure that all those involved are clear of their responsibilities in reaching the goals set out. All professionals involved in the TAF will jointly hold the action plan, not just the Lead Practitioner. Additional professionals can be invited to join the TAF meeting as relevant to the needs identified.
5. The Lead Practitioner should circulate the Signs of Safety mapping within a week of the meeting including sending a copy to the family. All agencies should store a copy of this on the child's file in their agencies.
6. **Review the plan** through TAF meetings, the frequency of which should be agreed at the first TAF. This will be instrumental in being able to identify progress for all those involved and ensure that the TAF are accountable and complete their tasks as agreed. The child/young person and their family need to be included in this review.
7. **Make a Referral to Bristol City Council Children and Families Services** if a TAF Meeting/Lead Practitioner assesses that the concerns are such that the case reaches their threshold. A webform should be completed and sent to First Response in line with the agreed Threshold Guidance. The Lead Practitioner should provide the most recent Signs of Safety mapping as an online attachment to this referral.
8. Outside of TAF meetings, all professionals remain responsible for making safeguarding referrals as normal but it is good practice for them to liaise with the Lead Practitioner where

this is possible. A Lead Practitioner should be consulted with if a case is allocated to the Children and Families Services and are likely to remain involved. In statutory social care cases the Social Worker will become the Lead Practitioner. For families where Families in Focus Service is offered it will be agreed between Families in Focus and the existing Lead Practitioner who is best placed to take on the coordination role.

9. **Develop a sustainability plan** when a TAF or Lead Practitioner is no longer required, to ensure that the child/young person and family can sustain positive changes and know what action should be taken if concerns arise.

*Note that:*

- In all cases the **Lead Practitioner will be working within their host agency or service** and adhering to their agencies recording systems whilst sharing information in line with information sharing guidelines.
- The **Lead Practitioner and TAF do not need to share the assessment with a centralised team or record detail on a shared database.**

## 5 Selecting the Lead Practitioner

**Anyone working with a child, young person or parent can be a Lead Practitioner.** This includes professionals within early years agencies, health, police, schools, social care, voluntary sector agencies, probation, targeted youth support and professionals working with young offenders. The skills and competencies required are similar regardless of professional background. The role is defined by the functions and skills rather than by any particular disciplines.

The circumstances of the case and the views of the child/young person or family should be considered carefully by the professionals involved so that the best placed person is agreed as Lead Practitioner.

Fundamentally:

- The Lead Practitioner could be drawn from **any of the people currently involved** with the child/young person, and could be from either the statutory or voluntary sector.
- The Lead Practitioner should be the **person who is most relevant to the child/young person's predominant needs** and who has the most appropriate knowledge, skills, ability and capacity.
- The level of trust built up and **the existing or potential relationship with the child or family and the wishes of the child or family** should also be considered.
- The Lead Practitioner is **not necessarily the first person to be involved** with the child/young person nor the professional who initiates the Signs of Safety mapping.

In agreeing a Lead Practitioner, the following points need to be considered:

- What are the **predominant needs** of the child/young person?

- Which agency has **primary responsibility** for addressing the child/young person's needs including any statutory responsibility?
- Does anyone have a **previous or potential ongoing relationship** with the child/young person?
- Does anyone have an ongoing responsibility to carry out an **advocacy role** for the child/young person?
- Who has the skills and knowledge to provide a **leadership and coordinating role** in relation to other practitioners involved with the child/young person or family?
- Usually it will be clear who is best placed to take on this role, but if this is not the case, it may be helpful to hold a meeting to find a solution. If agreement cannot be reached, then professionals should involve their managers and follow the [KBSP Escalation/Resolution Procedure](#) if necessary so that the appropriate resource can be identified.

## 6 Lead Practitioner Skills, Competencies and Knowledge

The knowledge, skills and competencies required for a Lead Practitioner will already be in use in their existing work by the majority of people working with the child/young person.

*Knowledge:*

- Knowledge of the **Signs of Safety approach and integrated working**.
- Knowledge of **local and regional services** for children, young people and their families and how to access these or where to go for information.
- Understanding of **safeguarding** in relation to the Signs of Safety approach and Lead Practitioner role.
- Awareness of the **boundaries of their own skills and knowledge**.
- Understanding of issues around **information sharing, consent and confidentiality**.

Knowledge is underpinned by *key skills and competencies*:

- Strong **communication** skills including:
  - giving and receiving feedback
  - offering clarification, interpretation and challenge
  - empathy, diplomacy and sensitivity
  - negotiation
- Ability to **establish successful and trusting relationships** with children, young people and families, and to communicate with them effectively without jargon and using translators where necessary.
- Ability to **empower children, young people and families to work in partnership with other practitioners** and to be able to make informed choices about the support they require and receive.
- Capacity to **support children, young people and parents/carers in implementing a range of strategies** to enable them to achieve their potential.

- Ability to **establish effective and professional relationships** with colleagues from different backgrounds.
- Ability to **work with colleagues** to plan actions appropriate to the assessment of need.
- Ability to **work in partnership with other practitioners** to deliver effective interventions and support for children, young people and families.
- Ability to **convene effective inter-agency meetings and reviews** and initiate discussions with practitioners from different disciplines.
- Ability to **translate their own knowledge and understanding** into effective practice.

## 7 Supervision, Support and Training for the Lead Practitioner

An appropriate level of supervision and support should be available to all staff taking on the Lead Practitioner role regardless of the organisation to which they belong. It is not the role of this protocol to define the precise means of support and supervision provided, as different agencies organise support for staff in different ways. However, **each agency should review their resourcing, training and support to ensure that the following basic principles can be observed:**

- Staff should have access to **regular, recorded meetings** with their line manager.
- Meetings should include the **identification of any training and development needs** relating to the role.
- Any issues about **workload management** should be addressed.
- Any issues about **intra/inter agency relationships in a multi-agency context** where advice or manager intervention is required should be addressed
- There should also be an opportunity for **casework discussion** to review progress and support problem-solving
- Staff should be clear on **how they can access support**, if necessary, between scheduled meetings

Support for Lead Practitioners should be based on core competencies, the co-ordinating role required, and aspects of service delivery relating to the service's own area of expertise. It is **not the role of practitioners and managers to problem solve outside their own area of expertise** – Lead Practitioners will need support to manage their boundaries and to be clear about where other professionals are responsible for the delivery of agreed support.

### *Sources of support*

**Workforce development training** is available for all partners through the KBSP Training Offer. The Safeguarding Education Team offers training and support to staff from schools and education settings. Single agencies also offer Lead Practitioner training and they can attend local Multi-Agency Network Meetings and the KBSP Trainers Network if they want to ensure their training is up to date.

The **Families in Focus Teams** across the City are able to provide support and advice to Lead Practitioners. This includes:

- **Advice and Guidance:** to provide ideas about next steps, signposting to available services and access to a Families in Focus social worker for non-urgent threshold advice.
- **Team Around the School meetings:** Meetings within schools for school leads to talk about children they are worried about who are not open to Bristol City Council Children and Families Services already. This will include consideration of cases where the school is taking a Lead Practitioner role.

Lead Practitioners working with disabled children can seek advice from the **Specialist Services Disabled Children Team**. This team works closely and in collaboration with other specialist services.